

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/582028

FILING DATE
09 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15	/	/		/		
16	/			/		
17	/			/		
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
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25	/		/			
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27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33	/		/			
34	16		/			
35	1		/			
36	1		/			
37	6		/			
38	11		/			
39	10		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	10		/			
48	14		/			
49	14		/			
50	14		/			
TOTAL IND.	4		4			
TOTAL DEP.	113	←	46	←		←
TOTAL CLAIMS	117	[REDACTED]	58	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						